



## APPLICATION DATA SHEET

### Application Information

Application Number:: ~~Not Yet Assigned~~ 10/827,297  
Filing Date:: April 20, 2004  
Application Type:: Divisional  
Subject Matter:: Utility  
Title:: Dietary Plans Based on Calcium  
Attorney Docket Number:: 31894-202099  
Total Drawing Sheets:: 13

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship:: U.S.A.  
Country:: United States  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: B.  
Family Name:: ZEMEL  
Street of Mailing Address:: 328 East Heritage Drive  
City of Mailing Address:: Knoxville  
State or Province of Mailing Address:: Tennessee  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 37922

Applicant Authority Type:: Inventor  
Primary Citizenship:: People's Republic of China  
Country:: United States  
Status:: Full Capacity  
Given Name:: Hang  
Family Name:: SHI

**Street of Mailing Address::** ~~1611 Laurel Avenue, #712~~ 134 St. Mary's St. Apt. #5  
**City of Mailing Address::** ~~Knoxville~~ Boston  
**State or Province of Mailing Address::** ~~Tennessee~~ MASSACHUSETTS  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** ~~37946~~ 02215

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** U.S.A.  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Paula  
**Middle Name::** C.  
**Family Name::** CARNEY

**Street of Mailing Address::** ~~11604 Lanesborough Way #208~~ 17561 148<sup>TH</sup> Ave.  
**City of Mailing Address::** Spring Lake  
**State or Province of Mailing Address::** ~~Tennessee~~ MICHIGAN  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** ~~37922~~ 49456

#### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4072  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** [www.magollin@venable.com](mailto:www.magollin@venable.com)

#### **Representative Information**

**Representative Customer Number::** 26694

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This appln. is a	Divisional of	10/066,057	January 31, 2002
Which is a	Divisional of	09/654,357	September 1, 2000

**Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee Name::** University of Tennessee Research Foundation  
**Street of Mailing Address::** 1534 White Avenue, Suite 403  
**City of Mailing Address::** Knoxville  
**State or Province of Mailing Address::** Tennessee  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 37996-1527